

State of Tennessee
Certification Form For Listing on Tennessee's Directory
Pursuant to Tenn. Code Ann. §§ 67-4-2601 *et seq.*
Official TN Form 86704 10/28/2005



Check appropriate response:

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Initial Directory Certification Application - Tobacco Product
Manufacturer is not currently listed on the Tennessee Tobacco Directory

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Supplemental Directory Certification - Change of information provided
to the Attorney General and the Department of Revenue (Change of
information must be submitted at least 30 days prior to change or no more
than 30 days after discovery of inaccurate, incomplete or misleading
information.)

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Annual Directory Certification - Due April 30 for Tennessee sales in
prior calendar year.

Please type or legibly print in permanent blue ink. (This Form may be filled out on-line. However, all signatures must be executed in permanent blue ink.)

Part 1. General Applicant Information

1. Applicant Tobacco Product Manufacturer Identification.

Applicant name: _____

Street Address: _____

City/State/Zip/Country: _____

Mailing Address (if different from above): _____

City/State/Zip/Country: _____

Telephone number: _____ **Facsimile number:** _____

E-mail address: _____

Website address: _____

Name of Person Completing Certification: _____

Title of Person Completing Certification: _____



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2. The Tobacco Product Manufacturer identified above, as of the date of this Certification is (check the correct box):

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A Participating Manufacturer (Complete all parts of this Certification Form until line indicating Participating Manufacturers stop here located on page 4 of this Form.)

OR

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A Non-Participating Manufacturer in full compliance with Tennessee Tobacco Manufacturers' Escrow Fund Act of 1999, Tenn. Code Ann. §§ 47-31-101 *et seq.*, including having made all required deposits into a Qualified Escrow Fund since the effective date of the Tennessee Tobacco Manufacturers' Escrow Fund Act of 1999 and any rules and regulations promulgated thereunder. (Complete entire Certification Form.)

3. Attach the required signed and notarized Affidavit of an officer of the Applicant certifying your Company is in fact a Tobacco Product Manufacturer that fabricates or assembles the Cigarettes as described in Tennessee's Escrow Fund Act, Tenn. Code Ann. §§ 47-31-101, *et seq.* and complementary legislation, Tenn. Code Ann. §§ 67-4-2601, *et seq.* and any rules and regulations promulgated thereunder. (See attached Official TN form #86821)
4. Identify by name, address, telephone number and facsimile number any attorney authorized to represent you regarding your Certification application for listing on the Tennessee Directory. (Attach additional sheets if necessary.)

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5. Identify by name, title, address, telephone number and facsimile number any person authorized to provide information to the State of Tennessee or receive information from the State of Tennessee regarding your Certification application for listing on the Tennessee Directory. (Attach additional sheets if necessary.)

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Part 2. Brand Family Identification (Attach additional sheets if necessary)
Participating Manufacturers complete columns A, B & C; Non Participating
Manufacturers complete columns A-F.

A. Brand Family (indicate any Brand Family for which you are seeking certification for the current year)	B. Brand Name	C. Identify Cigarettes or RYO	D. Units Sold: Preceding Calendar Year	E. Units Sold: Current Calendar Year	F. Name and Full Address of Other Manufacturers of Brand Family in the Preceding or Current Calendar Year

Part 3. Internet or Mail Order Sales

6. Does Applicant sell any tobacco products or Cigarettes over the Internet? Yes _____ No _____
7. Does Applicant sell any tobacco products or Cigarettes by mail order? Yes _____ No _____
8. If you answered "yes" to questions #6 or #7, identify all websites the Applicant uses to conduct its Internet or mail order tobacco products or Cigarette sales.

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9. If you answered "yes" to questions # 6 or #7, identify all physical addresses where the Applicant conducts its Internet or mail order tobacco products or Cigarette sales operations.

10. If you answered "yes" to question #6, identify the total Cigarette sales in units sold in Tennessee in the previous calendar year via the Internet.

11. If you answered yes to #7, identify the total Cigarette sales in units sold in Tennessee in the previous calendar year via Mail Order.

12. If you answered "yes" to questions # 6 or #7, please answer yes or no to this statement: All sales of tobacco products made by the Applicant are in full compliance with Chapter No. 388, Public Acts 2005.

Yes _____ No _____

13. If you answered "yes" to questions #6 or #7, provide a copy of all Jenkins Act reports filed with the Tennessee Department of Revenue. If you have not filed the required Jenkins Act reports with the Tennessee Department of Revenue, you must prepare and file those reports and provide copies with this Certification before your application will be considered complete. Please a check in this box to confirm the required reports are attached.

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Participating Manufacturers STOP HERE.

Non-Participating Manufacturers continue Certification Application below the double line



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Part 4. Non-Participating Manufacturer Certification.

- 14.** The Applicant is the Tobacco Product Manufacturer (*i.e.* fabricator) of the brand families listed in this Certification which are intended to be sold in the United States, including Cigarettes intended to be sold in the United States through an importer.

Yes _____ **No** _____

- 15.** The Applicant is the first purchaser anywhere for resale in the United States of Cigarettes manufactured anywhere that the Tobacco Product Manufacturer does not intend to be sold in the United States.

Yes _____ **No** _____

- 16.** If the answer is “yes” to question #15, identify each Cigarette manufacturer (*i.e.* fabricator), its plant street address, mailing address, contact person, telephone and facsimile phone numbers, and the relationship to the applicant. Identify the location of the transfer of ownership of Cigarettes and a copy of every agreement or contract between the Applicant and fabricator. (Attach additional sheet(s), as necessary, to complete the response.)

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- 17.** Applicant is a successor of any entity described in questions #15 or #16 above (i.e., Tobacco Product Manufacturer or first importer).

Yes _____ **No** _____

- 18.** If applicant answered “No” to questions #15, #16 and #17 above, explain the basis for Applicant’s claim that it is a Tobacco Product Manufacturer as defined by Tenn. Code Ann.§ 47-31-102(9) and submit all documents to support Applicant’s contention. (Attach additional sheet(s), as necessary, to provide a complete response.)

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- 19.** Provide a complete list of all Brand Families currently or previously manufactured by the Non-Participating Manufacturer whether or not sold in the U.S. and the dates during which each Brand Family is or was manufactured. (Attach additional sheets as necessary)

Part 5. Stamping Agent and/or Distributor

- 20.** List below the names and addresses of distributors and/or Stamping Agents selling Tobacco Product Manufacturer's product(s) in Tennessee to which the Non-Participating Manufacturers identified above has sold Cigarettes and/or RYO tobacco. (Attach additional sheet if necessary.)

Distributor and/or Stamping Agent's Name	Distributor and/or Stamping Agent's Complete Street Address including city, state, zip	Distributor and/or Stamping Agent's Telephone and Facsimile Numbers	Brand(s)



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Part 6. Non-Participating Manufacturer Registered Agent

21. Check correct response below (You must select one):

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The Non-Participating Manufacturer identified in Part 1 is registered to do business in Tennessee.

OR

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The Non-Participating Manufacturer identified in Part 1 is not registered to do business in the State of Tennessee as a foreign corporation or business entity but has appointed and continues to engage the following agent for service of process located in the State of Tennessee on whom all process, and any action proceeding against it concerning or arising out of the law enforcement of Public Chapter 294, Tenn. Code Ann. §§ 47-31-101, *et seq.* and Tenn. Code Ann. §§ 67-4-2601, *et seq.* and any rules and regulations promulgated thereunder may be served in any manner authorized by law.

22. A current (dated this year) letter from the registered agent accepting this appointment must be attached to this Certification form. Check this box to confirm the letter has been attached.

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23. Registered Agent information.

Name of Registered Agent:	
Company:	
Street Address:	
City/State/Zip Code (MUST BE IN TENNESSEE):	
E-mail Address:	
Telephone Number:	Facsimile Number:

24. Attach a completed Notice of Appointment of Registered Agent and Registered Agent's Statement to this Official TN Form #86704. Check this box to confirm the required form has been attached.

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Part 7. General Company Information.

25. Indicate whether the following statements describe the applicant by marking either yes or no after the statement:

- A. Applicant sold Cigarettes directly or indirectly in Tennessee in the preceding calendar year:
Yes _____ **No** _____
- B. Applicant made escrow deposits pursuant to Tennessee's Escrow Fund Act, Tenn. Code Ann. § §§ 47-31-103, *et seq* in the preceding year. **Yes** _____ **No** _____
- C. Applicant sold in the preceding calendar year one or more of the Brand Families listed in this Certification. **Yes** _____ **No** _____
- D. Applicant made escrow payments in the preceding year pursuant to Tennessee's Escrow Fund Act for one or more of the Brand Families listed in this Certification. **Yes** _____ **No** _____
- E. There has been a change in Tobacco Product Manufacturer (*i.e.*, fabricator) or one or more of the Brand Families listed in this Certification within the past two calendar years.
Yes _____ **No** _____
- F. Applicant advertises or sells Cigarettes via the Internet or in catalogs and uses the mail or other delivery service to deliver Cigarettes to Tennessee consumers. **Yes** _____ **No** _____
- G. If you answered "yes" to question #25f, is Applicant's conduct in full compliance with Tennessee's Tobacco Delivery Sale statute, Chapter No. 388, Public Acts 2005?
Yes _____ **No** _____
- H. Applicant failed to timely file any completed form or document required by the Tennessee Escrow Statute. **Yes** _____ **No** _____

26. Identify all names of the Company applying for certification. This list should include any alias, trade names, former names or the like used by the Company.

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27. Identify all addresses, telephone and facsimile numbers for each and every location of your Company identified in response to questions Part I, #1 and Part 8, #26.

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Part 8. Company Officers and Owners.

- 28.** Complete the table below by listing all Applicant's officers and Company owners (all Persons with an equity interest of 10% or more in Applicant Company.) Attach additional sheets as needed to provide a complete response.

A. Check appropriate title	<input type="checkbox"/> President <input type="checkbox"/> Partner <input type="checkbox"/> Other _____	<input type="checkbox"/> President <input type="checkbox"/> Partner <input type="checkbox"/> Other _____	<input type="checkbox"/> President <input type="checkbox"/> Partner <input type="checkbox"/> Other _____	<input type="checkbox"/> President <input type="checkbox"/> Partner <input type="checkbox"/> Other _____
B. Full name (first, middle, last)				
C. Street address including City, State and Zip Code				
D. Telephone & Facsimile numbers				
E. Date and place of birth				
F. E-mail address				

- 29.** Organizational Documents required to be provided with Certification application:

IF APPLICANT IS A:	ATTACH TO CERTIFICATION FOR THE FOLLOWING:
Partnership or Association	Current copy of articles, if any, or the certificate required to be filed by any state, country or municipality along with verification that the document(s) was filed with the appropriate governmental agency.
Corporation	<p>A copy of the Company's corporate charter or certificate of corporate existence or incorporation along with verification that the document(s) was filed with the appropriate governmental agency. This copy must be executed by the appropriate state officer for the jurisdiction of incorporation.</p> <p>AND</p> <p>Extracts from stockholders' meetings, bylaws, directors' meetings or other documents that list the officers authorized to sign documents or otherwise act on behalf of the corporation. The accuracy of the extracts provided by the Company must be certified by an appropriate officer of the corporation.</p>



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IF APPLICANT IS A:	ATTACH TO CERTIFICATION FOR THE FOLLOWING:
Limited Liability Company	Current copy of the business document(s) filed with a state, county or municipality if such filing is required along with verification that the document(s) was filed with the appropriate governmental agency. AND An accurate copy of its operating agreement.
Other business organization	Current copy of the business document(s) filed with a state, county or municipality if such filing is required along with verification that the document(s) was filed with the appropriate governmental agency.

30. Is your Company a successor to any other entity? Yes _____ No _____

31. If you answered "yes" to question #30, identify the entity(ies) to which your Company is a successor.

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32. Have any of the individuals identified in response to question #28 ever been involved with the manufacturing, importation or distribution of Cigarettes manufactured by entities other than your Company? If so, identify the Brand Families and entities with which the individuals have been involved and explain the involvement including the dates of any and all involvement.

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33. Is your Company affiliated with any entity that currently or previously engaged in the manufacturing, importing or distributing of Cigarettes? If so, identify each affiliate by name, address, telephone and facsimile number. ("Affiliate" means an entity that directly or indirectly owns or controls, is owned or controlled by, or is under common ownership or control with, another entity.)

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Part 9. Samples

34. Samples (or a legible identical size, color copies of all sides of the packaging thereof) of the current packaging and labeling used for each of the individual brands within each Brand Family that the Company sells or intends to sell in Tennessee.
Check this box to confirm the required samples or copies have been attached.



Part 10. Permits & Licenses to Manufacture Cigarettes

35. A copy of all permits, licenses or other authorization to manufacture Cigarettes issued by any governmental entity whether located in the United States or elsewhere.
Check this box to confirm the required permits & licenses have been attached.



Part 11. Certificate of Compliance

- 36.** A copy of the current Centers for Disease Control (CDC) ingredient-listing (cigarettes only) compliance letter(s) pertaining to the brands listed in this certification and a statement from the manufacturer as to which brand's ingredients were submitted for each approval letter. Additional information can be obtained at:

Centers for Disease Control and Prevention
1600 Clifton Road
Atlanta, GA 30333
Telephone: 1-800-311-3435
<http://www.cdc.gov/netinfo.htm>



Check this box to confirm the required CDC letter has been attached.

37. For each Brand Family, identify the name, address, telephone and facsimile number of the person who submitted the ingredient reporting information to the U.S. Secretary of Health and Human Services as required by the Federal Cigarette Labeling and Advertising Act.

Part 12. FTC Warning Rotation Information

- 38.** A copy of the complete current health warning rotation plan submitted to the Federal Trade Commission (“FTC”) pursuant to 15 U.S.C. § 1333 and a copy of the approval letter from the FTC for each brand family. Additional information can be obtained at:

Federal Trade Commission
600 Pennsylvania Avenue N.W.
Washington, D.C. 20580
General Information Locator # 202-326-2222
<http://www.ftc.gov>



Check this box to confirm that the required rotation plan has been attached.



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- 39.** For each Brand Family, identify the name, address, telephone and facsimile number of the person who placed the Cigarettes into the packages with the U.S. Surgeon General's warnings.

Part 13. Brand Information.

- 40.** A complete list of all Brand Families currently and previously manufactured by the Company whether or not sold in the U.S. and the dates during which each Brand Family is or was manufactured.

- 41.** List any and all prior Tobacco Product Manufacturers of the Brand Family(ies) that the Company wants certified in Tennessee, including the complete names and addresses of any such prior manufacturers, the dates of production for the Brand Family(ies), and whether these prior Tobacco Product Manufacturers imported and/or sold the Brand Family(ies) into the United States.

Part 14. Trademark Information.

- 42.** A list of the trademark owners, including street address and telephone number for each Brand identified in response to Part 2 above.



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Part 15. Contract Manufacturing Agreements.

- 43.** A copy of all contract manufacturing agreements for any brand of Cigarettes that the Company intends to sell directly or indirectly in Tennessee.
Check this box to confirm the required copies of the contract agreements have been attached.

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Part 16. Judgments and Governmental Action.

- 44.** A complete list of the following:

- A) all judgments against the Company in any U.S. state or federal court or other administrative proceeding (excluding worker's compensation);

- B) all pending lawsuits against the Company in any U.S. state or federal court, including the name of the action, the court where filed, the case number and the current status; and

- C) all past or present actions by any government (located either in the U.S. or elsewhere) that resulted in a suspension or revocation of an license or permit held by the Company, or that sought a suspension or revocation of any license or permit held by your Company.

- 45.** A copy of each judgment listed in response to question #44A. Check this box to confirm the required judgments have been provided.

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- 46.** A copy of each lawsuit listed in response to question #44B. Check this box to confirm the required lawsuits have been provided.

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- 47.** A copy of each action listed in response to question #44C. Check this box to confirm the required action has been attached.

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48. Has your Company ever been enjoined from selling Cigarettes in any state? Yes _____ No _____

49. If you responded "yes" to question #48, identify the state and provide a copy of the document enjoining your Company. Additionally, provide a written explanation of the circumstances surrounding the issuance of the injunction and the current status of that injunction.

50. Has any state ever refused a request by your Company to be included on it's Directory of Tobacco Product Manufacturers and Brand Families or otherwise removed your Company or any of its brands from the state's directory? Yes _____ No _____

51. If you responded "yes" to question #50, identify each state and provide a copy of the document(s) refusing your Company's request. Additionally, provide a written explanation of the circumstances surrounding the refusal and/or removal and identify the state(s) by which your Company was refused or removed and the current status of your Company's certification and/or brands in each state.

Part 17. U.S. Customs Documents

52. If the Certification Applicant sells or intends to sell Cigarettes that are not made in the United States, provide the documents listed in A-C:

- A) A copy of the sworn statement of the original manufacturer that it will timely submit ingredients to the Secretary of Health and Human Services as required by 19 U.S.C. 168a(c)(1). Check this box to confirm the required statement has been attached. ☐
- B) A copy of the importer's certificate under penalty of perjury as required by 19 U.S.C. 1681 a(c)(2) regarding the precise format of warnings and the rotation plan for health warnings. Check this box to confirm the required importer's certificate has been attached. ☐
- C) A copy of the trademark holder's certificate under penalty of perjury that it has not withdrawn consent to import into the United States as required by 19 U.S.C. 1681a(c)(3)(A) or a copy of the importer's certificate under penalty of perjury that the trademark owner has not withdrawn consent to import into the United States as required by 19 U.S.C. 1681a(c)(3)(B). Check this box to confirm the required trademark holder's certificate has been attached. ☐



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53. Copies of the U.S. Customs form 7501s for any cigarettes manufactured by your company and imported into the United States over the last six (6) months or copies of all excise tax returns submitted to the Alcohol and Tobacco Tax and Trade Bureau for cigarettes (including roll-your-own) manufactured and sold in the last six months. Check this box to confirm the required 7501 forms have been attached. ☐
54. Copies of the invoices corresponding to the U.S. Customs form 7501 for any cigarettes manufactured by your Company and imported into the United States in the past six (6) months and invoices corresponding to excise tax returns submitted to the Alcohol and Tobacco Tax and Trade Bureau for cigarettes manufactured by your company and sold in the last six (6) months. Check this box to confirm the required invoices have been attached. ☐
55. Provide four clear color photographs taken within 90 days of this application of at least four inches by six inches of the exterior of each side of each of your manufacturing facilities. Each of the photographs must provide clear and unobstructed view of each side of the outside of the manufacturing facility(ies). Each photograph must be labeled on the back with the name of the factory, the full street address of the factory, the date of the photograph was taken and the full name, address and telephone number of the person who took the photograph. Check this box to confirm the required photographs have been attached. ☐
56. Provide five clear color photographs taken within 90 days of this application of at least four inches by six inches of the interior of each manufacturing facility. The photographs must provide at a minimum the following: (a) clear and unobstructed views of the majority of the interior of the manufacturing facility, (b) clear and unobstructed views of the number of manufacturing lines and machines in operation in the manufacturing facility, (c) clear and unobstructed views of the manufacturing facility in operation, and (d) clear and unobstructed views of the number of employees normally working in the manufacturing facility when it is in operation. Each photograph must be labeled on the back with the name of the factory, the full street address of the factory, the date of the photograph was taken and the full name, address and telephone number of the person who took the photograph. Check this box to confirm the required photographs have been attached. ☐

Part 18. Additional Information

L Please note the State has the right to request additional information. You will receive a letter(s) requesting additional information if the State so elects. Your application will not be complete until all information requested in any letters from the State is also provided.



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